

2700 INTERNAL TRANSFER

REQUEST FOR S.N.

09/765,958

Lecons
MF
9-13

DATE: _____	FROM: _____ (print name)
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): _____	

FURTHER EXPLANATION IF NEEDED: *Re-constructed 449
(See attachment)*

DATE: _____	FROM: _____ (print name)
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): _____	

FURTHER EXPLANATION IF NEEDED: _____

DATE: _____	FROM: _____ (print name)
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): _____	

FURTHER EXPLANATION IF NEEDED: _____

DISPOSITION BY 2700 CLASSIFICATION

DATE: <u>9/14/01</u>	CLASSIFIER: <u>M. Fatahija</u>
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): _____	

FURTHER EXPLANATION IF NEEDED: *IC testing is claimed*